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AUTHOR Crockett, Darlene; Guthrie, Larry F.
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ABSTRACT

The self-concept of 20 educable mentally retarded (EMR) junior high school boys in special classes was compared to that of 20 non-EMR junior high school boys in regular classes. Two self-concept scales (the Piers-Harris Children's Self Concept Scale and the "How I See Myself" Scale by I. Gordon) were used as measurement instruments. Also collected and compared were Ss' IQ scores and reading grade levels. The results of the study indicated that EMR Ss had more negative self-concepts than non-EMR Ss; however the differences were not significant. Correlations with self-concept and reading were positive but low, however there was no relationship between IQ and self-concept among the EMR students. There was a high positive relationship between IQ and self-concept among non-EMR students and a low positive relationship between reading and self-concept. (Author/LS)

A COMPARISON OF SELF-CONCEPT BETWEEN EMR AND NON-EMR STUDENTS

BY

Darlene Crockett
Beckman Junior High School
Gary, Indiana

and

Dr. Larry F. Guthrie
Indiana University Northwest
Gary, Indiana

June, 1975

ABSTRACT

A COMPARISON OF SELF-CONCEPT BETWEEN EMR AND NON-EMR STUDENTS

This study compared the self-concept of twenty EMR junior high school boys in special classes with a control group of twenty non-EMR junior high school boys in regular classes.

Two self-concept scales were used as measurement instruments. The data from the two instruments were collected, scored, interpreted and compared. In addition to the test scores from the two self-concept scales, IQ scores and reading grade levels were collected from the cumulative record folders and compared.

The results of the study supported the hypothesis which predicted that EMR students would have more negative self-concepts than non-EMR students, however the differences were not significant.

Correlations with self-concept and reading, were positive but low, however there was no relationship between IQ and self-concept among the EMR students. There was a high positive relationship between IQ and self-concept among non-EMR students and a low positive relationship between reading and self-concept.

Darlene Crockett
Dr. Larry Guthrie
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CHAPTER I

INTRODUCTION

In an effort to help many students, educators have grouped students by placing the slow achievers into special classes. Special class placement for educable mentally handicapped students (hereafter referred to as EMH or EMR for educable mentally retarded) has many advantages, however special class placement also has several possible disadvantages. One of these disadvantages is the effects of special class placement on the student's self-concept. Does special class placement have a negative effect on the student's self-concept? If so would this interfere with learning or academic achievement? These questions are important if educators are to educate the whole child, however before these questions are answered, a closer look at the student's self-concept should be considered. There is a need to determine if EMR students, as a whole have a more negative self-concept than normal regular class students.

The investigator's hypothesis was that EMR students in special classes tend to have a more negative or lower self-concept than normal regular class students. This hypothesis was formed after teaching junior high school EMR students and observing the behavior of regular class students and special class students. Most often special class students appeared to have little respect for themselves as individuals and little respect for others; they constantly criticized themselves, others and their school assignments; they considered themselves as failures in school and the social world; they often appeared to sit and daydream during the entire class period; and they often displayed disruptive behaviors during classes. Some

of the regular class students appeared to demonstrate the same type of behavior but the degree of incidents appeared less disruptive.

The purpose of this project was to compare the self-concepts of EMR junior high school boys with a control group of non-EMR boys. The problem was to determine whether EMR students had a lower self-concept than non-EMR students. In doing this study IQ and reading scores were collected from the cumulative folders of both groups and compared. The relationships of self-concept and academic achievement in reading and self-concept and IQ scores of both groups were also noted in the study.

For the purpose of this project, self-concept is defined as the way the student sees himself and the way he reports on himself.

CHAPTER II

REVIEW OF RELATED RESOURCES

Several studies have indicated that special class placement does effect the educable mentally retarded (EMR) student's self-concept. These studies have also indicated that these students have a more negative self-concept than regular class students, however a few studies have indicated that the self-concept of special class students is not dramatically different from that of the regular class students.

Burger, Collins and Doherty (2) compared the self-concepts of high school EMR students with a control group of nonretarded students by using the Tennessee Self-Concept Scale which consisted of fourteen categories. "It was hypothesized that EMR students would have significantly more negative self-concepts than the retarded students." EMR students were found to have a more negative self-concept on the Self-Criticism, Identity, Social Self, and the Moral-Ethical Self Scales, however no significant differences were found in the Self-Satisfaction, Behavior, Physical-Self and Personal-Self scales. This study also revealed the general negative concepts and low self-esteem of both groups.

Meyerowitz (16) did a study of the effects of special class placement upon the EMR student's self-concept. He stated, "there are two possibilities of change in self-concept through placement in special classes: (a) the child may feel rejected because he is segregated from his peers; or (b) the child may feel now, among intellectual peers, adequate and accepted." If investigations done in this study showed that there is no difference between children remaining in their regular class and children placed in a special

class, this would be interpreted to mean that placement in a special class produced no change in self-concept. The Illinois Index of Self-Derrogation scale was administered to 180 students who were completing the first grade. One hundred twenty subjects were EMR students (Binet IQ 60 to 85) sixty of which remained in a regular class and sixty of which were placed in a special class and sixty regular class students of average IQ. The study pointed out a significant difference between the self-concept of EMR students and normal students in a regular class. The EMR students in the special class had a more negative self-concept than the EMR students who remained in the regular class. The Illinois Index of Self-Derrogation used in this study was designed for administration by the teacher to groups of five children. This scale was standardized on a sample of 120 primary age subjects with IQs between 60 and 85 and 160 children of normal IQs.

Mayer (12) hypothesized that EMR students who were placed in a special class early in their school lives would have developed more positive self-concepts than those who were placed at a later time was not supported by this study. The Children's Self-Concept Scale by Lipsitt and The Way I Feel About Myself by Piers and Harris were administered to 98 EMR junior high school students. Permanent record files were used to determine the number of years spent in regular class prior to special class placement. The results of this study revealed that there was no relationship of time of placement, in a special class and self-concept, however there was evidence that EMR students developed self-concepts which compared positively with those of normal students.

Carvajal (4) study done on 100 EMR students, 50 of which were in special class and 50 of which were in regular class indicated that physical setting, whether in special class or regular class, was not significant variable in the development of the self-concept of educable retarded adolescents. The

four criteria used in this study were, "I See Myself As," "My Parents See Me As," "My Friends See Me As," and "Most of My Teachers See Me As." The prediction variables were sex, age, IQ, employment status, socioeconomic conditions, siblings in special education, parent's education, teacher preparation, curriculum, educational setting and home status. The subjects ranged in age 14-17 years, had IQ range of 65-80, showed no evidence of physical impairments and had been in their present class setting for the past two years.

A wide-range self-concept scale was developed and administered to students in grades 3, 6 and 10 by Ellen Piers and Dale Harris. (10) The study reported was the "first step in systematic efforts to develop and standardize a general self-concept instrument which could be used with children over a wide age range and determine correlates of self-concept in children." Slow, average and bright students participated in the study. The relationship between self-concept scores and IQ was considerably greater at the sixth grade level, indicating that EMR students would have a lower self-concept than regular class students. The self-concept scale was also administered to a group of 88 adolescent institutionalized retarded females whose mean IQ was 69.6 and a reading level of 3.0 or above. Scores confirmed expectations that the self-concept of EMR students would fall below that of normals.

The McCandless and Willey study (14) of self-concept was done on five fifth grade normal, regular classes and five EMR special classes. Testing consisted of asking the children to check 46 adjectives as "like" or "not like" the reference group. The groups differed in about the same ratio of unfavorable adjectives they attributed to themselves. Each group viewed itself more positively than it was viewed by the other group. Positive

self-concepts as a group appeared to hold equally by normal and EMR students. McCandless and Willey felt that the typical EMR student possessed a more negative self-concept and own group concept than was revealed through the instrument used in the study. They indicated that the methods for testing may have been to open and direct for exploring the more sensitive self and self group concept. They suggested using methods that are less obviously socially desirable or undesirable.

Carrol (3) compared the self-concept of EMR students in a segregated special class to the self-concept of EMR students in a partially integrated class by means of a pretest, posttest over a period of one academic year. The Illinois Index of Self Derrogation and the Wide Range Achievement Test were administered to both groups. The results of the study indicated that EMR students in a segregated special class would show less improvement in self-concept than EMR students in a partially integrated setting. The study concluded that children fully integrated into the regular class did better academically. The results of this study appeared to confirm that segregated special class placement does have an effect on the student's self-concept.

The relationship of teacher ratings and self-concept of EMR students was examined in a study done by Dalton and Richmond. (5) One hundred subjects were randomly selected from all educable classrooms in a large urban school system. The subjects ranged in ages 9 tp 15 years. The IQs of these subjects ranged from 50 to 75. Teachers rated each student on social behavior, academic and emotional behavior which were components of the Performance Profile for the Young Moderately and Mildly Retarded scale. The Coopersmith Self-Esteem Inventory was administered to the students. This study indicated that those students ranked high in academic

areas by their teachers had a more positive self-concept than those students who were ranked low in academic areas, however teacher evaluation of the student's social and emotional behavior were not significantly related to self rating. Dalton and Richmond stated the importance of the mentally retarded children to learn to achieve academically since academic progress of mentally retarded children was an important variable in the development of their total self-concept.

Mayer (13) implied that the self-concepts of EMR junior high school students in special classes are not too different from those of the normal and their self-concepts do not vary by socioeconomic level or intelligence level within the range of 50 to 75.

McGarvie (15) studied 50 secondary school classes for EMR students. His conclusions revealed that students with higher IQs were found to have more positive self-concepts.

The article (9) "Self-Concept and Academic Underachievement" defined self-concept as "the attitudes and feelings that a person has regarding himself." The theory that high achievers have a more positive self-concept than low achievers was examined and confirmed in a study done on 88 ninth grade students with IQ ranges of 90-110 on the California Test of Mental Maturity. The median grade point average was computed. Students who failed below the median were considered underachievers.

Smith (21) stated in his book that low concepts of self-worth is a secondary characteristic which is common among teenage retardates. Secondary characteristics, as stated by Smith, become more obvious, complicated and difficult as the retarded individual approaches and proceeds through adolescence.

Rothstein (19) stated, "A characteristic of EMR children is that of self-devaluation which is a result of imbalance between the child's competencies, intellectual and physical, and the demands of his environment." Self-devaluation often demonstrated through behavior and attitudes, therefore the child often has strong feelings of unworthiness. Rothstein stressed the importance of the teacher's role in guiding the child in changing the negative self-concepts to more positive self-concepts because self-concepts formed and reinforced during childhood often persist throughout adulthood.

Sawrey (21) defines "self-concept" as "how one thinks of himself as a person." He stated that is is important for the teacher to be aware of how each child thinks of himself as a person and how his self-concept, when once developed becomes an anchoring point for the student's behavior. Conforming to or rebelling against teachers, classmates and rules could often be understood in terms of the child's self-concept. Sawrey believed that disciplinary procedures, reinforcement in learning, the use of rewards and punishment as behavior control can only be carried out adequately by way of understanding the self-concept of the students.

Michael, Robeck and Wilson (17) indicated that failures in school, supported by negative reinforcements often leads to negative self-concepts. Often attitudes of defense and regression are indicators of negative self-concepts. It was stated that children of low-socio-economic backgrounds and below average intelligence are likely to see themselves as failures and often have low perceptions of themselves.

Fox, Luszki and Schmuck (7) defined "self-concept" as a "person's view of himself, the most complete picture that an individual has of himself at a particular time." They indicated that the way a person sees himself may be the key factor influencing his behavior. Teachers should

be concerned with the self-concepts of their students because the self-concept is a good indicator of the condition of the student's mental health, the way a person sees himself is often a determinant of his behavior toward others, a person with a negative self-concept often sees himself as a failure and the self-concept can be changed.

Most of the research findings and articles agreed that the self-concept is seen as a determining element in behavior. The definition of self-concept was common among most of the researchers and educators. "Self-concept" is the way an individual sees himself at any particular time. Most of the studies also revealed that negative self-concept if reinforced will continue throughout adulthood. All of the studies stressed the importance of having a positive self-concept.

The purpose of the article written by Lawrence and Winschel (11) was to review the research done on the self-concept of the retarded students and to focus on the use of instruments used to measure self-concept. They concluded that more research should be done in this area and many of the instruments used for measuring self-concept are questionable.

Instruments used and interpretations are important in assessing the self-concept. Most instruments yield only an estimate of the child's self-concept. Gordon (8) pointed out in her manual, How I See Myself that all self-concept instruments have weaknessess. Some of the weaknesses of the instruments used to measure self-concept are: students may not be truthful in answering the questions, they may answer as they believe the teacher wishes, students may not respond to a particular item and they may not understand the test items.

One advantage of using the "How I See Myself" scale by Gordon is that this scale is for group comparisons. The scale was revised in order

to make the language less ambiguous. The scale was administered to subjects in the third, fifth, sixth, seventh, tenth and twelfth grades. The items on the test were constructed from data from approximately 9,000 children. The instrument was easy to score. Positive self-concepts were indicated by high scores. This instrument was used in the study for group comparisons. The self-concept of a group of normal regular class students was compared to a group of IMR special class students. The language used in the instrument was appropriate for both groups. the instrument was also used with subjects who were similar to the subjects who were tested.

The Piers-Harris Children's Self-Concept Scale, (18) "The Way I Feel About Myself" was also chosen to be used because it was standardized using high school slow, average and bright subjects from a cross section of socio-economic levels. This scale was used in several studies with normal and EMR students, grades 3-12. One disadvantage of using this scale in the study was that it required a third grade reading level. Most of the EMR students tested were reading below the third grade level, however the test was read to the EMR students. Mayer used this scale in both of his studies. (12) and (13) The vocabulary was also appropriate for the subjects.

Only two of the instruments which were used in the previous studies comparing the self-concept of EMR special class students were appropriate for both groups. The two different instruments for measuring self-concept lend belief to the finding of the study.

Most of these research findings supported the investigator's theory that EMR students in special classes do have a more negative self-concept than normal regular class students, however Mayer's study of EMR junior high school students in special classes and Carvajal's study revealed that

the self-concepts of EMR students were not too different from those of normal students. Several studies also supported the hypothesis that students with higher IQs and students who ranked high in academic areas tend to have more positive self-concepts.

CHAPTER III

IMPLEMENTING THE RESEARCH DESIGN

The hypothesis that EMR students in special education classes tend to have a more negative self-concept than non-EMR students was tested by administering two self-concept scales to regular class students and EMR students. The purpose of this project was to compare the self-concepts of EMR junior high school boys with a control group of normal regular class junior high school boys. The problem was to determine whether EMR students had a lower self-concept than non-EMR students.

The subjects on whom data was collected were eighth and ninth grade boys, twenty of which were EMR special class students and twenty of which were regular class students. The boys of both groups were fourteen and fifteen years old. The majority of the subjects lived in low income residential areas and was considered as being culturally deprived. The study was done at a local public inner city, all black junior high school in Gary, Indiana.

The control group consisted of twenty non-EMR regular class students randomly selected. All of the students were reading at or above fifth grade level. Their IQs ranged from 75 to 125 with a mean IQ of 95. It was indicated in the proposal presented previously that these students had reading levels of sixth grade or above and IQs ranging from 94 to 120, however after collecting data from the folders the changes were noted due to recent testing. Most of the students were considered as average or above average achievers scholastically.

The twenty educable mentally handicapped students were in special

classes, and had been for at least three years or longer. Their IQs ranged from 52-77 (Binet) and their reading levels ranged from 0.5-3.5. They were assigned to special classes in English, Math and Social Studies, but were allowed to attend gym, music, shop and or art with the regular class students. There were four wings in the school, each of which serviced four departments, English, Math, Social Studies and others, however the three special education class rooms were grouped together on one wing.

Two self-concept scales, "The Pier-Harris Scale" and "The Gordon's, How I See Myself Scale" were administered to both groups by the investigator. The subjects were tested in two groups: all EMR students in one group, and all non-EMR students in the other group. The questions and test items were read to the group of EMR students so that the inability to read would not be a factor in the obtained scores. The investigator talked to the students about the importance of finding out how students really felt about themselves, before distributing the test booklets. The students were encouraged to answer the items as they really felt they were, not as they thought they should be. It was also stressed that the two scales were not a test, there were no right or wrong answers, the results would not affect their school grades and would be kept confidential.

The Piers-Harris scale was administered to both groups, but separately, the first day of testing. The instructions were read aloud by the investigator. It was stressed that the students indicate their responses by putting a circle around either yes or no for all eighty items. There should have been no omissions and no double circles, even if some items were difficult to decide. Each item was read twice to the EMR group, while each student circled his answer in the test booklet. The non-EMR students preferred to read the items themselves. Each group appeared to understand each item and completed the scale with no difficulty. The non-EMR

group completed the scale with no difficulty. The EMR group completed the scale within 15 minutes and the non-EMR group were finished in 10 minutes. The test consisted of eighty items which were scored by using the key provided. Four of the items were reversed from the original form in order to provide a balance of items keyed yes and no. High scores indicated a positive self-concept, whereas low scores indicated a negative self-concept. Scores were computed and the mean score was calculated for each group and compared. The standard deviation at t-value were also computed and compared. This scale was believed to be the most reliable of the two scales because of the ease of administering, its low readability and low comprehension level.

The secondary form of "How I See Myself Scale" by Gordon was administered the following test day. The scale consisted of 42 items, eighteen of which were reversed so there would be a decrease in the tendency of students to go down the five's column in making their responses. Each item was read to the EMR students as they circled the number which best described them. The EMR students experienced some difficulty in completing the scale. They were advised to ask questions if they did not understand the items. The items were then explained to the subjects. The non-EMR students appeared to experience no difficulty in completing the test.

The test sheets were collected and scored. The eighteen items were converted so that five represented the positive end of the scale. The higher the score, the more positive the student's self-concept. The mean score for each group was calculated and compared. The standard deviation and t-value were also computed and compared.

The IQ scores and reading levels of both groups were collected from the cumulative folders. IQ scores for non-EMR students were based on scores received on the Lorge-Thorndike, Secondary Battery which had been

administered in March, 1974. The IQ scores for the EMR students were based on the Binet received in May, 1974 and January, 1975. The relationships between IQ and self-concpet and achievement in reading and self-concept ob both groups were also compared. The IQ mean score and the self-concept mean score of the two groups were compared. The standard deviation and the t-value for each group were also computed and compared for reading and IQ.

CHAPTER IV

DATA AND ANALYSIS

The findings of this study indicated significant differences in the self-concpet of EMR and non-EMR students on the Piers-Harris Self-Concept Scale, however the differences were not so significant on the Gordon's Self-Concept Scale.

The means and standard deviations of the Piers-Harris Scale were computed for both groups and compared. These results were reported in Table I. The mean self-concept score was 56.6 for the EMR group and 65.35 for the non-EMR group on "The Way I Feel About Myself," Piers-Harris scale with standard deviations of 9.2 and 3.9 respectively. The t-value of 3.4 as indicated in Table II showed a significant difference between the self-concepts of the EMR and non-EMR group. A t-value of 2.89 is necessary at the .01 level of confidence. These results supported the hypothesis that EMR students do have a more negative self-concept than non-EMR students. The mean score of both groups were within the normal range when compared with the normative data.

The mean score and standard deviations were also computed and compared for Gordon's, "How I See Myself" self-concept scale. The mean score for the EMR group was 134.2 and 141.6 for the non-EMR group as indicated in Table I. The standard deviation for the EMR group was 14.8 as compared to 17.6 for the non-EMR group. The t-value was 1.5. A t-value of 1.3 was necessary at the .20 level of confidence. The differences between the mean score was not significant, although it was in the hypothesized direction that EMR students do have a lower self-concpet than regular class students.

Two predictor variables, IQ and reading of the two self-concept scales were also analyzed. The Pearson product-moment correlations were calculated for self-concept and IQ and self-concept and reading.

The IQ mean scores, standard deviations and t-value calculated for both groups are presented in Table I. The results indicated a significant difference between IQ of the EMR group and IQ of the non-EMR group. This difference was expected because a low IQ was one characteristic of EMR students. The mean IQ of 95.4 for the EMR group was 66.75 with a standard deviation of 5.6 as compared to the mean IQ of 95.4 for the non-EMR group with a standard deviation of 12.3. The findings of this study indicated that there is a positive correlation between IQ and self-concept for the non-EMR group. (See Table II-Piers-Harris scale .547 and Gordon's scale .583) however Table II also indicated that IQ is not a predictor of self-concept for the EMR group. (correlation = .133 Piers-Harris scale and .151 Gordon's scale)

Table I showed the mean scores for reading grade levels for both groups. The mean score for the EMR group was 2.8 with a standard deviation of .74 as compared to the mean score of 6.67 for the non-EMR group with a standard deviation of .97. The t-value for reading between the two groups was expected. This significant difference was expected because most EMR students read at or below third grade level. It was interesting to note the almost identical correlation for reading and self-concept on the Piers-Harris scale for both groups. The correlation as shown in Table II for the EMR group was .376 and .377 for the non-EMR group. Since the critical value of relationship at the .05 level was .378 there was no correlation between reading grade level and self-concept.

In general, the EMR group obtained a lower mean score on both self-concept scales than the non-EMR group. There was a positive correlation

of IQ and self-concept for the non-EMR group, however there was no relationship between IQ and self-concept for the non-EMR group. There was no significant correlation of reading and self-concept for both groups.

TABLE I. COMPARISON OF SELF-CONCEPT, IQ AND READING LEVELS BETWEEN EMR AND NON-EMR STUDENTS

Variable	Total Raw Score	Mean Score	SD	t-Value
Piers-Harris Scale Self-Concept				
EMR	1132	56.6	6.2	3.4*
Non-EMR	1307	65.35	9.6	
Gordon's Scale Self-Concept				
EMR	2683	134.2	14.8	1.5**
Non-EMR	2838	141.9	17.6	
IQ				
EMR	1325	66.7	5.6	9.4
Non-EMR	1908	95.4	12.3	
Reading				
EMR	56.1	2.8	0.74	14.1
Non-EMR	133.4	6.67	0.97	

*degree of freedom = 38, a "t"-value of 2.89 was necessary at the .01 level of confidence

**a "t"-value of 1.3 was necessary at the .20 level

TABLE II. CORRELATION COEFFICIENTS

	EMR	NORMAL
IQ and Self-Concept (Piers-Harris Scale)	.133	.547
IQ and Self-Concept (Gordon's Scale)	.151	.583
Reading and Self-Concept (Piers-Harris Scale)	.376	.377
Reading and Self-Concept	.309	.240

Critical value of relationship at .05 level, .378

CHAPTER V

SUMMARY AND CONCLUSIONS

Two self-concept scales were administered to 40 junior high school boys, twenty of which were educable mentally retarded in special classes and twenty of which were non-EMR boys in regular classes. The self-concept scales administered to the 40 subjects were the Piers-Harris Self-Concept Scale, "The Way I Feel About Myself" and "The How I See Myself" scale by Ira J. Gordon. Mean group scores on both scales were compared for the two groups. The relationships of IQ and self-concept and reading and self-concept were also analyzed.

The total raw scores for both scales for both groups fell within the normal range, indicating that both groups as a whole had positive self-concepts, however the study indicated that the non-EMR group had a more positive self-concept than the EMR group. The results of the t-value supported the predicted hypothesis that EMR students had less positive self-concepts than regular class students. The t-value between the two groups on the Piers-Harris Scale indicated a significant difference, however no significant differences were found on Gordon's Scale.

This study was in partial agreement with Meyerowitz's study (16) which indicated that there was a significant difference between the self-concepts of EMR students and normal students, however it was also in disagreement with Meyerowitz's findings which indicated that the EMR students and non-EMR students scored only at the 30th percentile as compared with normative data. (indicating that both groups had low self-concepts)

There is evidence of a positive relationship between self-concept and IQ for the non-EMR group, however there is no correlation between IQ and self-concept for the EMR group. These results partially supported the hypothesis that students with higher IQs had a more positive self-concept than students with lower IQs. This finding is in agreement with McGarvie's and five earlier reports indicated in his study. (14) This theory did not hold true for the EMR group. McGarvie reported, "many educators are convinced that persons in the lower ranges of intelligence are more oblivious to their plight and therefore have more positive self-esteem." The investigator believed that the EMR group may have had a tendency to mark the end numbers without considering the inside or middle numbers.

The theory that students with higher reading levels would have a more positive self-concept than students reading at the lower levels was not supported by this study. Both groups showed low correlations between reading and self-concept on both scales. This finding was in agreement with Dalton and Richmond's findings (5) which implied that those students ranked high in academic areas had a more positive self-concept than those students who ranked low in academic areas. The EMR group ranked lower in reading than the non-EMR group, and also had a lower self-concept than the non-EMR group.

IQ and reading was not a significant variable for predicting self-concept of EMR students, however IQ could be a predicting variable for non-EMR students. Reading was not a predictor of self-concept for both groups. The findings revealed that a less positive self-concept may be caused by many factors other than lack of intelligence and low reading abilities.

It was concluded that special class placement may have an effect on the student's self-concept. One implication which emerged from this project

was that the curriculum for EMR students should include emphasis on social development as well as academic progress. Another implication which emerged from the project was that more studies are needed in this area of self-concept of EMR students using a pre-test before being placed into a special education program and a post-test several years after placement.

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APPENDIX

THE PIERS-HARRIS CHILDREN'S SELF CONCEPT SCALE

(The Way I Feel About Myself)

by

ELLEN V. PIERS, Ph.D.

and

DALE B. HARRIS, Ph.D.

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Counselor Recordings and Tests

BOX 6184 ACKLEN STATION — NASHVILLE, TENNESSEE 37212

Here are a set of statements. Some of them are true of you and so you will circle the yes. Some are not true of you and so you will circle the no. Answer every question even if some are hard to decide, but do not circle both yes and no. Remember, circle the yes if the statement is generally like you, or circle the no if the statement is generally not like you. There are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark the way you really feel inside.

1. My classmates make fun of me . . . . . yes no
2. I am a happy person . . . . . yes no
3. It is hard for me to make friends . . . . . yes no
4. I am often sad . . . . . yes no
5. I am smart . . . . . yes no
6. I am shy . . . . . yes no
7. I get nervous when the teacher calls on me . . . . . yes no
8. My looks bother me . . . . . yes no
9. When I grow up, I will be an important person . . . . . yes no
10. I get worried when we have tests in school. . . . . yes no
11. I am unpopular . . . . . yes no
12. I am well behaved in school . . . . . yes no
13. It is usually my fault when something goes wrong . . . . . yes no
14. I cause trouble to my family . . . . . yes no
15. I am strong . . . . . yes no
16. I have good ideas . . . . . yes no
17. I am an important member of my family . . . . . yes no
18. I usually want my own way . . . . . yes no
19. I am good at making things with my hands . . . . . yes no
20. I give up easily . . . . . yes no

21. I am good in my school work . . . . . yes no

22. I do many bad things . . . . . yes no

23. I can draw well . . . . . yes no

24. I am good in music . . . . . yes no

25. I behave badly at home . . . . . yes no

26. I am slow in finishing my school work . . . . . yes no

27. I am an important member of my class . . . . . yes no

28. I am nervous . . . . . yes no

29. I have pretty eyes . . . . . yes no

30. I can give a good report in front of the class. . . . . yes no

31. In school I am a dreamer . . . . . yes no

32. I pick on my brother(s) and sister(s) . . . . . yes no

33. My friends like my ideas . . . . . yes no

34. I often get into trouble . . . . . yes no

35. I am obedient at home . . . . . yes no

36. I am lucky . . . . . yes no

37. I worry a lot . . . . . yes no

38. My parents expect too much of me . . . . . yes no

39. I like being the way I am . . . . . yes no

40. I feel left out of things . . . . . yes no

41. I have nice hair . . . . . yes no

42. I often volunteer in school . . . . . yes no

43. I wish I were different . . . . . yes no

44. I sleep well at night . . . . . yes no

45. I hate school . . . . . yes no

46. I am among the last to be chosen for games . . . . . yes no

47. I am sick a lot . . . . . yes no

48. I am often mean to other people . . . . . yes no

49. My classmates in school think I have good ideas . . . . . yes no

50. I am unhappy . . . . . yes no

51. I have many friends . . . . . yes no

52. I am cheerful . . . . . yes no

53. I am dumb about most things . . . . . yes no

54. I am good looking . . . . . yes no

55. I have lots of pep . . . . . yes no

56. I get into a lot of fights . . . . . yes no

57. I am popular with boys . . . . . yes no

58. People pick on me . . . . . yes no

59. My family is disappointed in me . . . . . yes no

60. I have a pleasant face . . . . . yes no

61. When I try to make something, everything seems to go wrong . . . . . yes no

62. I am picked on at home . . . . . yes no

63. I am a leader in games and sports . . . . . yes no

64. I am clumsy . . . . . yes no

65. In games and sports, I watch instead of play . . . . . yes no

66. I forget what I learn . . . . . yes no

67. I am easy to get along with . . . . . yes no

68. I lose my temper easily . . . . . yes no

69. I am popular with girls . . . . . yes no

70. I am a good reader . . . . . yes no

71. I would rather work alone than with a group . . . . . yes no

72. I like my brother (sister) . . . . . yes no

73. I have a good figure . . . . . yes no

74. I am often afraid . . . . . yes no

75. I am always dropping or breaking things . . . . . yes no

76. I can be trusted . . . . . yes no

77. I am different from other people . . . . . yes no

78. I think bad thoughts . . . . . yes no

79. I cry easily . . . . . yes no

80. I am a good person . . . . . yes no

Score: _____

Name:_____ Grade:_____ Sex:_____ Age:_____

School:_____ Elementary Form

HOW I SEE MYSELF APPENDIX B

Developed by Ira J. Gordon, Director, Institute for Development of Human Resources, College of Education, University of Florida, Gainesville, Florida 32601.

1.	Nothing gets me too mad	1	2	3	4	5	I get mad easily and explode
2.	I don't stay with things and finish them	1	2	3	4	5	I stay with something till I finish
3.	I'm very good at drawing	1	2	3	4	5	I'm not much good in drawing
4.	I don't like to work on committees, projects	1	2	3	4	5	I like to work with others
5.	I wish I were smaller (taller)	1	2	3	4	5	I'm just the right height
6.	I worry a lot	1	2	3	4	5	I don't worry much
7.	I wish I could do something with my hair	1	2	3	4	5	My hair is nice-looking
8.	Teachers like me	1	2	3	4	5	Teachers don't like me
9.	I've lots of energy	1	2	3	4	5	I haven't much energy
10.	I don't play games very well	1	2	3	4	5	I play games very well
11.	I'm just the right weight	1	2	3	4	5	I wish I were heavier, lighter
12.	The girls don't like me, leave me out	1	2	3	4	5	The girls like me a lot, choose me
13.	I'm very good at speaking before a group	1	2	3	4	5	I'm not much good at speaking before a group
14.	My face is pretty (good looking)	1	2	3	4	5	I wish I were prettier (good looking)
15.	I'm very good in music	1	2	3	4	5	I'm not much good in music
16.	I get along well with teachers	1	2	3	4	5	I don't get along with teachers
17.	I don't like teachers	1	2	3	4	5	I like teachers very much
18.	I don't feel at ease, comfortable inside	1	2	3	4	5	I feel very at ease, comfortable inside

(over)

19.	I don't like to try new things	1	2	3	4	5	I like to try new things
20.	I have trouble controlling my feelings	1	2	3	4	5	I can handle my feelings
21.	I do well in school work	1	2	3	4	5	I don't do well in school
22.	I want the boys to like me	1	2	3	4	5	I don't want the boys to like me
23.	I don't like the way I look	1	2	3	4	5	I like the way I look
24.	I don't want the girls to like me	1	2	3	4	5	I want the girls to like me
25.	I'm very healthy	1	2	3	4	5	I get sick a lot
26.	I don't dance well	1	2	3	4	5	I'm a very good dancer
27.	I write well	1	2	3	4	5	I don't write well
28.	I like to work alone	1	2	3	4	5	I don't like to work alone
29.	I use my time well	1	2	3	4	5	I don't know how to plan my time
30.	I'm not much good at making things with my hands	1	2	3	4	5	I'm very good at making things with my hands
31.	I wish I could do something about my skin	1	2	3	4	5	My skin is nice-looking
32.	School isn't interesting to me	1	2	3	4	5	School is very interesting
33.	I don't do mathematics well	1	2	3	4	5	I'm real good in mathematics
34.	I'm not as smart as the others	1	2	3	4	5	I'm smarter than most of the others
35.	The boys like me a lot, choose me	1	2	3	4	5	The boys don't like me, leave me out
36.	My clothes are not as I'd like	1	2	3	4	5	My clothes are nice
37.	I like school	1	2	3	4	5	I don't like school.
38.	I wish I were built like the others	1	2	3	4	5	I'm happy with the way I am
39.	I don't read well	1	2	3	4	5	I read very well
40.	I don't learn new things easily	1	2	3	4	5	I learn new things easily

APPENDIX C

Raw Test Scores and Mean Scores

Subjects Pair No.	(Piers-Harris) Self-Concept		(Gordon) Self-Concept		IQ		Reading	
	EMR	non-EMR	EMR	non-EMR	EMR	non-EMR	EMR	non-EMR
1	64	75	133	152	59	89	2.2	5.6
2	43	75	119	164	56	96	3.2	6.3
3	57	74	149	176	70	116	3.2	8.0
4	65	72	142	172	77	127	3.2	8.3
5	69	70	157	160	66	106	2.6	7.5
6	60	69	140	132	61	100	2.6	6.0
7	50	69	129	131	66	92	2.4	6.9
8	65	67	153	128	64	106	1.3	8.3
9	59	65	121	144	72	95	3.0	6.1
10	65	65	139	145	68	96	2.1	6.2
11	62	65	145	117	63	75	1.5	5.8
12	63	64	143	109	70	95	3.6	6.5
13	63	64	98	138	69	92	2.9	8.0
14	59	63	142	136	62	90	4.0	7.1
15	62	63	145	150	63	95	2.0	6.6
16	51	62	122	123	70	95	3.1	7.1
17	49	59	110	145	63	100	3.6	6.5
18	36	59	125	134	65	75	2.6	5.3
19	36	54	132	152	75	84	3.8	5.0
20	54	53	139	130	66	84	3.0	6.3
Raw Scores	1132	1307	2683	2838	1325	1908	56.1	133.4
Mean Scores	56.6	65.35	134.2	141.6	66.75	95.4	2.8	6.67